

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF GEORGIA, ATLANTA DIVISION

Case number (if known)

Chapter you are filing under:

☒ Chapter 7

☐ Chapter 11

☐ Chapter 12

☐ Chapter 13

☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Michael

First name

F.

Middle name

Bring your picture identification to your meeting with the trustee.

Antonelli

Last name and Suffix (Sr., Jr., II, III)

Noreen

First name

A.

Middle name

Antonelli

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-0777

xxx-xx-6279

Debtor 1  
Debtor 2 **Antonelli, Michael F. & Antonelli, Noreen A.**

Case number (if known)

**About Debtor 1:**

**About Debtor 2 (Spouse Only in a Joint Case):**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

☒ I have not used any business name or EINs.

☒ I have not used any business name or EINs.

Include trade names and  
doing business as names

Business name(s)

Business name(s)

EINs

EINs

**5. Where you live**

**If Debtor 2 lives at a different address:**

**3020 Lancaster Sq  
Roswell, GA 30076-1370**

Number, Street, City, State & ZIP Code

Number, Street, City, State & ZIP Code

**Fulton**  
County

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

Number, P.O. Box, Street, City, State & ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

Debtor 1  
Debtor 2 **Antonelli, Michael F. & Antonelli, Noreen A.**

Case number (if known) \_\_\_\_\_

**Part 2: Tell the Court About Your Bankruptcy Case**

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*
- ☒ Chapter 7
- ☐ Chapter 11
- ☐ Chapter 12
- ☐ Chapter 13
- 
8. **How you will pay the fee**
- ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.
- 
9. **Have you filed for bankruptcy within the last 8 years?**
- ☒ No.
- ☐ Yes.
- |          |       |      |       |             |       |
|----------|-------|------|-------|-------------|-------|
| District | _____ | When | _____ | Case number | _____ |
| District | _____ | When | _____ | Case number | _____ |
| District | _____ | When | _____ | Case number | _____ |
- 
10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**
- ☒ No
- ☐ Yes.
- |                       |       |                     |       |
|-----------------------|-------|---------------------|-------|
| Debtor                | _____ | Relationship to you | _____ |
| District              | _____ | When                | _____ |
| Case number, if known | _____ |                     |       |
| Debtor                | _____ | Relationship to you | _____ |
| District              | _____ | When                | _____ |
| Case number, if known | _____ |                     |       |
- 
11. **Do you rent your residence?**
- ☒ No. Go to line 12.
- ☐ Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1  
Debtor 2 **Antonelli, Michael F. & Antonelli, Noreen A.**

Case number (if known)

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

☐ No. Go to Part 4.

☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

☐ No. I am not filing under Chapter 11.

☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

☐ No.

☐ Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1  
Debtor 2

Antonelli, Michael F. & Antonelli, Noreen A.

Case number (if known)

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

- ☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:
- ☐ **Incapacity.**  
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.**  
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.**  
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

- ☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:

- ☐ **Incapacity.**  
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.**  
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.**  
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1  
Debtor 2 **Antonelli, Michael F. & Antonelli, Noreen A.**

Case number (if known)

**Part 6: Answer These Questions for Reporting Purposes**

16. What kind of debts do you have?
- 16a. Are your debts primarily consumer debts? *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
- ☐ No. Go to line 16b.
- ☒ Yes. Go to line 17.
- 16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.
- ☐ No. Go to line 16c.
- ☐ Yes. Go to line 17.
- 16c. State the type of debts you owe that are not consumer debts or business debts

17. Are you filing under Chapter 7?
- ☐ No. I am not filing under Chapter 7. Go to line 18.
- ☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
- ☐ No
- ☐ Yes

18. How many Creditors do you estimate that you owe?
- ☐ 1-49 ☐ 1,000-5,000 ☐ 25,001-50,000
- ☒ 50-99 ☐ 5,001-10,000 ☐ 50,001-100,000
- ☐ 100-199 ☐ 10,001-25,000 ☐ More than 100,000
- ☐ 200-999

19. How much do you estimate your assets to be worth?
- ☐ \$0 - \$50,000 ☒ \$1,000,001 - \$10 million ☐ \$500,000,001 - \$1 billion
- ☐ \$50,001 - \$100,000 ☐ \$10,000,001 - \$50 million ☐ \$1,000,000,001 - \$10 billion
- ☐ \$100,001 - \$500,000 ☐ \$50,000,001 - \$100 million ☐ \$10,000,000,001 - \$50 billion
- ☐ \$500,001 - \$1 million ☐ \$100,000,001 - \$500 million ☐ More than \$50 billion

20. How much do you estimate your liabilities to be?
- ☐ \$0 - \$50,000 ☒ \$1,000,001 - \$10 million ☐ \$500,000,001 - \$1 billion
- ☐ \$50,001 - \$100,000 ☐ \$10,000,001 - \$50 million ☐ \$1,000,000,001 - \$10 billion
- ☐ \$100,001 - \$500,000 ☐ \$50,000,001 - \$100 million ☐ \$10,000,000,001 - \$50 billion
- ☐ \$500,001 - \$1 million ☐ \$100,000,001 - \$500 million ☐ More than \$50 billion

**Part 7: Sign Below**

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Michael F. Antonelli

/s/ Noreen Antonelli

Michael F. Antonelli

Noreen A. Antonelli

Signature of Debtor 1

Signature of Debtor 2

Executed on August 10, 2017  
MM / DD / YYYY

Executed on August 10, 2017  
MM / DD / YYYY

Debtor 1  
Debtor 2 **Antonelli, Michael F. & Antonelli, Noreen A.**

Case number (if known)

**For your attorney, if you are represented by one**

**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**/s/ John A. Christy**

Date

**August 10, 2017**

Signature of Attorney for Debtor

MM / DD / YYYY

**John A. Christy**

Printed name

**Schreeder, Wheeler & Flint, LLP**

Firm name

**1100 Peachtree St NE Ste 800**

**Atlanta, GA 30309-4516**

Number, Street, City, State & ZIP Code

Contact phone

Email address

**jchristy@swflp.com**

**125518**

Bar number & State



**Fill in this information to identify your case:**

Debtor 1	<b>Michael F. Antonelli</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Noreen A. Antonelli</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF GEORGIA, ATLANTA DIVISION		
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

**1. What is your current marital status?**

- ☒ Married  
☐ Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

- ☒ No  
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1 lived there

Debtor 2 Prior Address:

Dates Debtor 2 lived there

**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- ☒ No  
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

#### Part 2 Explain the Sources of Your Income

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No  
☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Check all that apply.	Sources of income Check all that apply.
	Gross income (before deductions and exclusions)	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	\$1,500.00	\$1,500.00



Debtor 1  
Debtor 2 **Antonelli, Michael F. & Antonelli, Noreen A.**

Case number (if known)

Debtor 1		Debtor 2	
Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<b>\$58,500.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$0.00</b>
<b>For last calendar year:</b> (January 1 to December 31, 2016 )	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$0.00</b>
<b>For the calendar year before that:</b> (January 1 to December 31, 2015 )	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$0.00</b>

5. **Did you receive any other income during this year or the two previous calendar years?**  
 Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No  
☒ Yes. Fill in the details.

	Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<b>Social Security Income</b>	<b>\$35,623.00</b>		
<b>For last calendar year:</b> (January 1 to December 31, 2016 )	<b>Social Security Income</b>	<b>\$60,787.00</b>		
<b>For the calendar year before that:</b> (January 1 to December 31, 2015 )	<b>Social Security Income</b>	<b>\$59,573.00</b>		

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

6. **Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**  
☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  
 During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?  
☐ No. Go to line 7.  
☐ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.  
 \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Debtor 1  
Debtor 2 **Antonelli, Michael F. & Antonelli, Noreen A.**

Case number (if known)

☒ Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☐ No. Go to line 7.

☒ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
BB&T PO Box 580340 Charlotte, NC 28258-0340	6/22/17	\$1,594.61	\$25,312.72	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input checked="" type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other
American Express PO Box 9001108 Louisville, KY 40290-1108	6/4/17	\$2,238.00	\$44,497.59	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other
American Express PO Box 9001108 Louisville, KY 40290-1108	4/20, 5/20, 6/19	\$1,000.00	\$1,228.44	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other
Chase PO Box 15123 Wilmington, DE 19850-5123	6/4/17	\$1,679.00	\$28,238.17	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other
Charter Communications PO Box 42615 Cincinnati, OH 45242-0615	6/4/17, 6/27/17	\$607.08	\$227.62	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other <u>Internet</u>
Discover PO Box 71084 Charlotte, NC 28272-1084	6/1/17	\$1,943.00	\$42,381.78	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other

Debtor 1  
Debtor 2 **Antonelli, Michael F. & Antonelli, Noreen A.**

Case number (if known)

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
GA Natural Gas PO Box 440667 Kennesaw, GA 30160-9533	6/7/17, 6/27/17	\$632.23	\$149.15	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other
Navient PO Box 9533 Wilkes Barre, PA 18773-9533	4/7/17, 6/8/17, 6/27/17	\$1,374.00	\$28,111.57	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input checked="" type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other
Brighthouse Life Insurance Co. PO Box 630974 Cincinnati, OH 45263-0974	6/7	\$1,278.16	\$0.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other <u>LTC Insurance</u>
Brighthouse Life Insurance Co. PO Box 630974 Cincinnati, OH 45263-0974	6/27	\$1,321.63	\$0.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other <u>LTC Insurance</u>
Wells Fargo Visa PO Box 10347 Des Moines, IA 50306-0347	5/1/17, 5/17/17, 6/4/17	\$777.00	\$5,102.83	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other
Wells Fargo Bank, N.A. 40 Technology Pkwy S Ste 300 Norcross, GA 30092-2924	6/19/17	\$19,582.74	\$1,447,724.89	<input checked="" type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other
Cincinnati Insurance 3740 Davinci Ct Ste 460 Peachtree Corners, GA 30092-7614	6/9/17	\$705.00	\$0.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other

Debtor 1  
Debtor 2 **Antonelli, Michael F. & Antonelli, Noreen A.** Case number (if known)

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**  
*Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.*

- ☒ No  
☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**  
 Include payments on debts guaranteed or cosigned by an insider.

- ☒ No  
☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
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**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**  
 List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☒ No  
☐ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
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10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**  
 Check all that apply and fill in the details below.

- ☒ No. Go to line 11.  
☐ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
---------------------------	--	------	-----------------------

11. **Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

- ☐ No  
☒ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
Kabbage, Inc. 289 S Culver St Lawrenceville, GA 30046-4805	Hold placed on BOA Account #5649 Last 4 digits of account number: _____		\$0.00

12. **Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**

- ☒ No  
☐ Yes

Debtor 1  
Debtor 2 **Antonelli, Michael F. & Antonelli, Noreen A.**

Case number (if known)

**Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

☒ No

☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☐ No

☒ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Dates you contributed	Value
Charity's Name Address (Number, Street, City, State and ZIP Code)			
Antonelli Family Foundation 271 17th St NW Ste 2400 Atlanta, GA 30363-6215	cash donations of \$500 - \$1000 each	6/1/15, 7/27/15, 8/31/15, 10/26/15, 12/20/15, 4/22/16, 8/1/16, 9/30/16, and 12/20/16	\$7,500.00

**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No

☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.		

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  
Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No

☒ Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Schreeder, Wheeler & Flint, LLP 1100 Peachtree St NE Ste 800 Atlanta, GA 30309-4516 David Antonelli	retainer	7/13/17	\$13,500.00

Debtor 1  
Debtor 2 **Antonelli, Michael F. & Antonelli, Noreen A.**

Case number (if known)

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  
Do not include any payment or transfer that you listed on line 16.

- ☒ No  
☐ Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
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18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☐ No  
☒ Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you <b>Srinivas and Padmaja Burugupalli</b>	<b>Lot 22 on Tournament Players Drive, Milton, GA 30004</b>	<b>\$270,000 purchase price; \$180,831.49 paid to Wells Fargo to pay off mortgage.</b>	<b>1/10/17</b>
<b>AIM Systems, Inc. 11675 Rainwater Dr Ste 200 Alpharetta, GA 30009-8693</b>	<b>\$74,000 in funds transferred to cover payroll and other bills</b>		<b>3/24/17, 4/5/17, 4/10/17, 4/19/17</b>

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No  
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	---------------------------

**Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No  
☐ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No  
☐ Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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Debtor 1  
Debtor 2 **Antonelli, Michael F. & Antonelli, Noreen A.**

Case number (if known)

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No  
☐ Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☐ No  
☒ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
AIM Systems, Inc. 11675 Rainwater Dr Ste 200 Alpharetta, GA 30009-8693	residence	files	\$0.00

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No  
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No  
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No  
☐ Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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Debtor 1  
Debtor 2 **Antonelli, Michael F. & Antonelli, Noreen A.**

Case number (if known)

**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation

☐ No. None of the above applies. Go to Part 12.

☒ Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.
AIM Systems, Inc. 11675 Rainwater Dr Ste 200 Alpharetta, GA 30009-8693	Insurance General Agency Keila Rojas	Dates business existed EIN: 58-1970461 From-To 1991-2017
Zatatek, Inc. 11675 Rainwater Dr Ste 200 Alpharetta, GA 30009-8693	software Keila Rojas	EIN: 58-2234185 From-To 1995 to present

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☐ No

☒ Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
BB&T 11790 Haynes Bridge Rd Alpharetta, GA 30009-1927	

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Michael F. Antonelli

Michael F. Antonelli  
Signature of Debtor 1

Date August 11, 2017

/s/ Noreen Antonelli

Noreen A. Antonelli  
Signature of Debtor 2

Date August 11, 2017

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☒ No
- ☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No
- ☐ Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case and this filing:

Debtor 1 **Michael F. Antonelli**  
First Name Middle Name Last Name

Debtor 2 **Noreen A. Antonelli**  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF GEORGIA, ATLANTA DIVISION**

Case number \_\_\_\_\_

☐ Check if this is an amended filing

# Official Form 106A/B

## Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1

**3020 Lancaster Sq**

Street address, if available, or other description

**Roswell GA 30076-1370**  
City State ZIP Code

**Fulton**

County

What is the property? Check all that apply

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other \_\_\_\_\_

Who has an interest in the property? Check one

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
<b>\$1,500,000.00</b>	<b>\$1,500,000.00</b>

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number:

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

**\$1,500,000.00**

**Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

Debtor 1  
Debtor 2 **Antonelli, Michael F. & Antonelli, Noreen A.**

Case number (if known)

**3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

- ☐ No  
☒ Yes

3.1 Make: **Lexus**  
Model: **IS 300**  
Year: **2001**  
Approximate mileage: **124250**  
Other information:

Who has an interest in the property? Check one

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

**\$3,597.00**

**\$3,597.00**

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No  
☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

**\$3,597.00**

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?  
Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

- ☐ No  
☒ Yes. Describe.....

McGuire glass kitchen table	\$995.00
DR table and chairs	\$1,000.00
4 poster king bed	\$1,500.00
bureau (Baker)	\$1,000.00
2 painted bureaus	\$1,000.00
high dresser (Baker)	\$1,200.00
crystal	\$3,000.00
Silverware	\$1,000.00
pair of nightstands	unknown
Versace plates and cups	\$200.00
Belvedere china	\$600.00
Limoge plates	\$300.00
Deruta pottery	\$300.00

Debtor 1  
Debtor 2

Antonelli, Michael F. & Antonelli, Noreen A.

Case number (if known)

Belleek china	\$720.00
Wedgewood china	\$200.00
DR buffet	\$500.00
McGuire chairs (x4)	\$400.00
Washer/Dryer	\$100.00
Assorted Christmas decorations/ornaments	unknown
wooden desk (basement)	\$100.00
basement recliner	\$100.00
armoire	\$125.00
pine travel chest	\$50.00
secretary desk (library)	\$200.00
library table	\$100.00
Assorted living room furniture (table, lamp, coffee table)	unknown
Assorted bedroom furnishings (chairs, ottoman, end table, etc.)	unknown
assorted family room furnishings (chairs, couches, coffee table, etc.)	unknown
2nd king bed frame and mattress	\$100.00
queen bed frame and mattress	\$100.00
victorian table	\$25.00
4 poster queen bed frame and mattress	\$250.00
assorted furniture in 4th bedroom (old end table, old bureau, table)	unknown
assorted kitchen appliances and utensils	unknown
assorted furniture in 5th bedroom (pedestal table, secretary desk, chair)	unknown
Persian rug (library)	unknown
2 beige rugs	unknown
Coromandel screen	unknown
coromandel panel	unknown
kitchen table & chairs, island seats	unknown
Bathroom Mirror	\$300.00
assorted lamps	unknown

Debtor 1  
Debtor 2 **Antonelli, Michael F. & Antonelli, Noreen A.**

Case number (if known)

old 27" tv	\$0.00
pots, pans, etc.	unknown
glassware and dishes (excluding china)	unknown
Simon Pearce glassware	\$400.00
California painting	\$300.00
family room TV	\$400.00
wooden jewelry box	\$600.00
basement couch	\$100.00
basement recliner	\$100.00
unpainted bureau	\$500.00
drafting table	unknown

**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

☒ Yes. Describe.....

6 other tvs	unknown
2 radios	unknown
2 computers	\$400.00
2 cellphones	\$600.00
kindle	unknown
fitbit	\$50.00
iPad	\$200.00
apple tv	\$50.00
dvd player	\$50.00
old iPad	unknown
shredder	unknown
computers and servers at 3020 Lancaster Square	unknown

**8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☐ No

☒ Yes. Describe.....

10 limoges boxes	\$350.00
penguin Herend figurine	\$615.00



Debtor 1	Debtor 2	Antonelli, Michael F. & Antonelli, Noreen A.	Case number (if known)	
		7 Neil Drevitson paintings		unknown
		other assorted paintings/pictures		unknown
		Royal Doulton figurines		unknown
		other Herend Figurines		\$500.00
		Simon Pierce glass trees		unknown

9. **Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

- ☒ No  
☐ Yes. Describe.....

10. **Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

- ☒ No  
☐ Yes. Describe.....

11. **Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

- ☐ No  
☒ Yes. Describe.....

assorted mens' clothes, shoes, accessories	\$600.00
assorted women's clothes, shoes, accessories	\$600.00

12. **Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

- ☐ No  
☒ Yes. Describe.....

Wedding Ring	\$12,000.00
other pearls	\$8,250.00
Diamond Pendant	\$9,000.00
Cartier Watch	\$4,450.00
loose sapphire	\$8,000.00
freshwater pearl necklace	\$750.00
silver chain necklace	\$500.00
assorted men's keepsake jewelry	\$500.00

13. **Non-farm animals**

Examples: Dogs, cats, birds, horses

- ☒ No  
☐ Yes. Describe.....

14. **Any other personal and household items you did not already list, including any health aids you did not list**

- ☒ No  
☐ Yes. Give specific information.....

Debtor 1  
Debtor 2 Antonelli, Michael F. & Antonelli, Noreen A.

Case number (if known) \_\_\_\_\_

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....

\$65,330.00

**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?  
Do not deduct secured claims or exemptions.

**16. Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes.....

cash

\$9,700.00

**17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes.....

Institution name:

17.1. Checking Account Bank of America \$403.84

17.2. Checking Account State Bank & Trust \$1,726.00

17.3. Checking Account State Bank & Trust \$113.39

17.4. Checking Account Fifth Third Bank \$47.80

17.5. Checking Account Fifth Third Bank \$604.82

17.6. Savings Account Georgia's Own Credit Union \$20.00

**18. Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes.....

Institution or issuer name:

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

☐ No

☒ Yes. Give specific information about them.....

Name of entity:	% of ownership:	
<u>AIM Systems, Inc.</u>	<u>50.00</u> %	<u>\$0.00</u>
<u>AIM Systems, Inc.</u>	<u>50.00</u> %	<u>\$0.00</u>
<u>Zatatek, Inc.</u>	<u>60.00</u> %	<u>\$100.00</u>

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

Debtor 1  
Debtor 2 **Antonelli, Michael F. & Antonelli, Noreen A.**

Case number (if known)

- ☒ No  
☐ Yes. Give specific information about them  
Issuer name:

**21. Retirement or pension accounts**

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

- ☒ No  
☐ Yes. List each account separately.  
Type of account: Institution name:

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

- ☒ No  
☐ Yes. Institution name or individual:

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

- ☒ No  
☐ Yes. Issuer name and description.

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- ☒ No  
☐ Yes. Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

- ☐ No  
☒ Yes. Give specific information about them...

Interest in The Michael F. Antonelli Insurance Trust dated 6/8/98	unknown
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Interest in The Michael & Noreen Antonelli Joint Life Insurance Trusts	unknown
--	---------

Interest in the Michael & Noreen Antonelli Family Trusts	unknown
--	---------

Interest in The One Policy Per Owner Trust	unknown
--	---------

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

- ☒ No  
☐ Yes. Give specific information about them...

**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- ☐ No  
☒ Yes. Give specific information about them...

Insurance Licenses	\$0.00
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**Money or property owed to you?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

- ☒ No  
☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☒ No

Debtor 1  
Debtor 2 **Antonelli, Michael F. & Antonelli, Noreen A.**

Case number (if known)

☐ Yes. Give specific information.....

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☐ No

☒ Yes. Give specific information..

**Social Security Benefits**

**unknown**

**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☐ No

☒ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund  
value:

**HSA BB&T**

**\$0.00**

**HSA BB&T**

**\$1,417.50**

**Brighthouse LTC**

**\$0.00**

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information..

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No

☐ Yes. Describe each claim.....

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

☒ No

☐ Yes. Describe each claim.....

**35. Any financial assets you did not already list**

☒ No

☐ Yes. Give specific information..

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

**\$14,133.35**

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

**37. Do you own or have any legal or equitable interest in any business-related property?**

☒ No. Go to Part 6.

☐ Yes. Go to line 38.

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**

If you own or have an interest in farmland, list it in Part 1.

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

☒ No. Go to Part 7.

☐ Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

Debtor 1  
Debtor 2 Antonelli, Michael F. & Antonelli, Noreen A.

Case number (if known) \_\_\_\_\_

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☒ No

☐ Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here .....

\$0.00

**Part 8:** List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 .....		<u>\$1,500,000.00</u>
56. Part 2: Total vehicles, line 5	<u>\$3,597.00</u>	
57. Part 3: Total personal and household items, line 15	<u>\$65,330.00</u>	
58. Part 4: Total financial assets, line 36	<u>\$14,133.35</u>	
59. Part 5: Total business-related property, line 45	<u>\$0.00</u>	
60. Part 6: Total farm- and fishing-related property, line 52	<u>\$0.00</u>	
61. Part 7: Total other property not listed, line 54	<u>\$0.00</u>	
	+	
62. Total personal property. Add lines 56 through 61...	<u>\$83,060.35</u>	
		Copy personal property total <u>\$83,060.35</u>
63. Total of all property on Schedule A/B. Add line 55 + line 62		<u>\$1,583,060.35</u>

**Fill in this information to identify your case:**

Debtor 1	<b>Michael F. Antonelli</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF GEORGIA, ATLANTA DIVISION		
Case number (if known)			

☐ Check if this is an amended filing

**Official Form 106C**

**Schedule C: The Property You Claim as Exempt**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>Debtor 1 Exemptions</b>			
McGuire glass kitchen table Line from <i>Schedule A/B</i> : 6.1	\$995.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
DR table and chairs Line from <i>Schedule A/B</i> : 6.2	\$1,000.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
4 poster king bed Line from <i>Schedule A/B</i> : 6.3	\$1,500.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
bureau (Baker) Line from <i>Schedule A/B</i> : 6.4	\$1,000.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
2 painted bureaus Line from <i>Schedule A/B</i> : 6.5	\$1,000.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)



Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>high dresser (Baker)</b> Line from Schedule A/B: 6.6	<u>\$1,200.00</u>	<input checked="" type="checkbox"/> <u>\$300.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>crystal</b> Line from Schedule A/B: 6.7	<u>\$3,000.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>Silverware</b> Line from Schedule A/B: 6.8	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>pair of nightstands</b> Line from Schedule A/B: 6.9	<u>Unknown</u>	<input checked="" type="checkbox"/> <u>\$600.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>Versace plates and cups</b> Line from Schedule A/B: 6.10	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>Belvedere china</b> Line from Schedule A/B: 6.11	<u>\$600.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>Limoge plates</b> Line from Schedule A/B: 6.12	<u>\$300.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>Limoge plates</b> Line from Schedule A/B: 6.12	<u>\$300.00</u>	<input checked="" type="checkbox"/> <u>\$150.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>Deruta pottery</b> Line from Schedule A/B: 6.13	<u>\$300.00</u>	<input checked="" type="checkbox"/> <u>\$150.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>Belleek china</b> Line from Schedule A/B: 6.14	<u>\$720.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>Wedgewood china</b> Line from Schedule A/B: 6.15	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>Wedgewood china</b> Line from Schedule A/B: 6.15	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>DR buffet</b> Line from Schedule A/B: 6.16	\$500.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>McGuire chairs (x4)</b> Line from Schedule A/B: 6.17	\$400.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>Washer/Dryer</b> Line from Schedule A/B: 6.18	\$100.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>Assorted Christmas decorations/ornaments</b> Line from Schedule A/B: 6.19	Unknown	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>wooden desk (basement)</b> Line from Schedule A/B: 6.20	\$100.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>basement recliner</b> Line from Schedule A/B: 6.21	\$100.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>armoire</b> Line from Schedule A/B: 6.22	\$125.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>pine travel chest</b> Line from Schedule A/B: 6.23	\$50.00	<input checked="" type="checkbox"/> \$25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>secretary desk (library)</b> Line from Schedule A/B: 6.24	\$200.00	<input checked="" type="checkbox"/> \$250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>library table</b> Line from Schedule A/B: 6.25	\$100.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>library table</b> Line from Schedule A/B: 6.25	\$100.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>Assorted living room furniture (table, lamp, coffee table)</b> Line from Schedule A/B: 6.26	Unknown	<input checked="" type="checkbox"/> \$150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>Assorted bedroom furnishings (chairs, ottoman, end table, etc.)</b> Line from Schedule A/B: 6.27	Unknown	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>assorted family room furnishings (chairs, couches, coffee table, etc.)</b> Line from Schedule A/B: 6.28	Unknown	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>2nd king bed frame and mattress</b> Line from Schedule A/B: 6.29	\$100.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>queen bed frame and mattress</b> Line from Schedule A/B: 6.30	\$100.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>victorian table</b> Line from Schedule A/B: 6.31	\$25.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>4 poster queen bed frame and mattress</b> Line from Schedule A/B: 6.32	\$250.00	<input checked="" type="checkbox"/> \$125.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>assorted furniture in 4th bedroom (old end table, old bureau, table)</b> Line from Schedule A/B: 6.33	Unknown	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>assorted kitchen appliances and utensils</b> Line from Schedule A/B: 6.34	Unknown	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>assorted furniture in 5th bedroom (pedestal table, secretary desk, chair)</b> Line from Schedule A/B: 6.35	Unknown	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>Persian rug (library)</b> Line from Schedule A/B: 6.36	Unknown	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>2 beige rugs</b> Line from Schedule A/B: 6.37	Unknown	<input checked="" type="checkbox"/> \$250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>Coromandel screen</b> Line from Schedule A/B: 6.38	Unknown	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>coromandel panel</b> Line from Schedule A/B: 6.39	<u>Unknown</u>	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>kitchen table &amp; chairs, island seats</b> Line from Schedule A/B: 6.40	<u>Unknown</u>	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>Bathroom Mirror</b> Line from Schedule A/B: 6.41	<u>\$300.00</u>	<input checked="" type="checkbox"/> \$150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>assorted lamps</b> Line from Schedule A/B: 6.42	<u>Unknown</u>	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>old 27" tv</b> Line from Schedule A/B: 6.43	<u>\$0.00</u>	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>old 27" tv</b> Line from Schedule A/B: 6.43	<u>\$0.00</u>	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>pots, pans, etc.</b> Line from Schedule A/B: 6.44	<u>Unknown</u>	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>pots, pans, etc.</b> Line from Schedule A/B: 6.44	<u>Unknown</u>	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>glassware and dishes (excluding china)</b> Line from Schedule A/B: 6.45	<u>Unknown</u>	<input checked="" type="checkbox"/> \$150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>Simon Pearce glassware</b> Line from Schedule A/B: 6.46	<u>\$400.00</u>	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>California painting</b> Line from Schedule A/B: 6.47	<u>\$300.00</u>	<input checked="" type="checkbox"/> \$150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>family room TV</b> Line from Schedule A/B: 6.48	<u>\$400.00</u>	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>wooden jewelry box</b> Line from Schedule A/B: 6.49	<u>\$600.00</u>	<input checked="" type="checkbox"/> <u>\$300.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>unpainted bureau</b> Line from Schedule A/B: 6.52	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$300.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>drafting table</b> Line from Schedule A/B: 6.53	<u>Unknown</u>	<input checked="" type="checkbox"/> <u>\$150.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>2 radios</b> Line from Schedule A/B: 7.2	<u>Unknown</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>2 computers</b> Line from Schedule A/B: 7.3	<u>\$400.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>2 cellphones</b> Line from Schedule A/B: 7.4	<u>\$600.00</u>	<input checked="" type="checkbox"/> <u>\$300.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>kindle</b> Line from Schedule A/B: 7.5	<u>Unknown</u>	<input checked="" type="checkbox"/> <u>\$37.50</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>fitbit</b> Line from Schedule A/B: 7.6	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$25.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>iPad</b> Line from Schedule A/B: 7.7	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>apple tv</b> Line from Schedule A/B: 7.8	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$25.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>dvd player</b> Line from Schedule A/B: 7.9	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$25.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>10 limoges boxes</b> Line from Schedule A/B: 8.1	<u>\$350.00</u>	<input checked="" type="checkbox"/> <u>\$175.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>penguin Herend figurine</b> Line from Schedule A/B: 8.2	\$615.00	<input checked="" type="checkbox"/> \$307.50 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>7 Neil Drevitson paintings</b> Line from Schedule A/B: 8.3	Unknown	<input checked="" type="checkbox"/> \$1,600.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>other Herend Figurines</b> Line from Schedule A/B: 8.6	\$500.00	<input checked="" type="checkbox"/> \$250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>Simon Pierce glass trees</b> Line from Schedule A/B: 8.7	Unknown	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>assorted mens' clothes, shoes, accessories</b> Line from Schedule A/B: 11.1	\$600.00	<input checked="" type="checkbox"/> \$600.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>Cartier Watch</b> Line from Schedule A/B: 12.4	\$4,450.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(5)
<b>assorted men's keepsake jewelry</b> Line from Schedule A/B: 12.8	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>cash</b> Line from Schedule A/B: 16.1	\$9,700.00	<input checked="" type="checkbox"/> \$4,850.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>Bank of America</b> Line from Schedule A/B: 17.1	\$403.84	<input checked="" type="checkbox"/> \$403.84 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>State Bank &amp; Trust</b> Line from Schedule A/B: 17.2	\$1,726.00	<input checked="" type="checkbox"/> \$1,726.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>Fifth Third Bank</b> Line from Schedule A/B: 17.4	\$47.80	<input checked="" type="checkbox"/> \$47.80 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>Zatatek, Inc.</b> Line from Schedule A/B: 19.3	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)



Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from Schedule A/B	Amount of the exemption you claim  Check only one box for each exemption.	Specific laws that allow exemption
<b>Social Security Benefits</b> Line from Schedule A/B: <b>30.1</b>	<u>Unknown</u>	<input type="checkbox"/>  <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>O.C.G.A. § 44-13-100(a)(2)(A)</b>

3. **Are you claiming a homestead exemption of more than \$160,375?**  
(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)
- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

**Fill in this information to identify your case:**

Debtor 1  
 First Name Middle Name Last Name  
 Debtor 2  
 (Spouse if, filing) **Noreen A. Antonelli**  
 First Name Middle Name Last Name  
 United States Bankruptcy Court for the: **NORTHERN DISTRICT OF GEORGIA, ATLANTA DIVISION**  
 Case number  
 (if known)

☐ Check if this is an amended filing

**Official Form 106C**

**Schedule C: The Property You Claim as Exempt**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own  Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim  Check only one box for each exemption.	Specific laws that allow exemption
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**Debtor 2 Exemptions**

Lexus IS 300 2001 124250 Line from <i>Schedule A/B</i> : 3.1	\$3,597.00	<input checked="" type="checkbox"/> \$5,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(3)
McGuire glass kitchen table Line from <i>Schedule A/B</i> : 6.1	\$995.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
DR table and chairs Line from <i>Schedule A/B</i> : 6.2	\$1,000.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
4 poster king bed Line from <i>Schedule A/B</i> : 6.3	\$1,500.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>bureau (Baker)</b> Line from Schedule A/B: 6.4	\$1,000.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>2 painted bureaus</b> Line from Schedule A/B: 6.5	\$1,000.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>high dresser (Baker)</b> Line from Schedule A/B: 6.6	\$1,200.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>crystal</b> Line from Schedule A/B: 6.7	\$3,000.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>Silverware</b> Line from Schedule A/B: 6.8	\$1,000.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>Versace plates and cups</b> Line from Schedule A/B: 6.10	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>Belvedere china</b> Line from Schedule A/B: 6.11	\$600.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>Limoge plates</b> Line from Schedule A/B: 6.12	\$300.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>Limoge plates</b> Line from Schedule A/B: 6.12	\$300.00	<input checked="" type="checkbox"/> \$150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>Deruta pottery</b> Line from Schedule A/B: 6.13	\$300.00	<input checked="" type="checkbox"/> \$150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>Belleek china</b> Line from Schedule A/B: 6.14	\$720.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>Wedgewood china</b> Line from Schedule A/B: 6.15	\$200.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>Wedgewood china</b> Line from Schedule A/B: 6.15	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>DR buffet</b> Line from Schedule A/B: 6.16	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>McGuire chairs (x4)</b> Line from Schedule A/B: 6.17	<u>\$400.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>wooden desk (basement)</b> Line from Schedule A/B: 6.20	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>basement recliner</b> Line from Schedule A/B: 6.21	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>armoire</b> Line from Schedule A/B: 6.22	<u>\$125.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>pine travel chest</b> Line from Schedule A/B: 6.23	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$25.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>secretary desk (library)</b> Line from Schedule A/B: 6.24	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$250.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>library table</b> Line from Schedule A/B: 6.25	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>library table</b> Line from Schedule A/B: 6.25	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>Assorted living room furniture (table, lamp, coffee table)</b> Line from Schedule A/B: 6.26	<u>Unknown</u>	<input checked="" type="checkbox"/> <u>\$150.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>assorted family room furnishings (chairs, couches, coffee table, etc.)</b> Line from Schedule A/B: 6.28	<u>Unknown</u>	<input checked="" type="checkbox"/> <u>\$300.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>2nd king bed frame and mattress</b> Line from Schedule A/B: 6.29	<u>\$100.00</u>	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>queen bed frame and mattress</b> Line from Schedule A/B: 6.30	<u>\$100.00</u>	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>victorian table</b> Line from Schedule A/B: 6.31	<u>\$25.00</u>	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>4 poster queen bed frame and mattress</b> Line from Schedule A/B: 6.32	<u>\$250.00</u>	<input checked="" type="checkbox"/> \$125.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>assorted kitchen appliances and utensils</b> Line from Schedule A/B: 6.34	<u>Unknown</u>	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>2 beige rugs</b> Line from Schedule A/B: 6.37	<u>Unknown</u>	<input checked="" type="checkbox"/> \$250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>Coromandel screen</b> Line from Schedule A/B: 6.38	<u>Unknown</u>	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>coromandel panel</b> Line from Schedule A/B: 6.39	<u>Unknown</u>	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>kitchen table &amp; chairs, island seats</b> Line from Schedule A/B: 6.40	<u>Unknown</u>	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>Bathroom Mirror</b> Line from Schedule A/B: 6.41	<u>\$300.00</u>	<input checked="" type="checkbox"/> \$150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>assorted lamps</b> Line from Schedule A/B: 6.42	<u>Unknown</u>	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>old 27" tv</b> Line from Schedule A/B: 6.43	<u>\$0.00</u>	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
<b>old 27" tv</b> Line from Schedule A/B: 6.43	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>pots, pans, etc.</b> Line from Schedule A/B: 6.44	<u>Unknown</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>pots, pans, etc.</b> Line from Schedule A/B: 6.44	<u>Unknown</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>glassware and dishes (excluding china)</b> Line from Schedule A/B: 6.45	<u>Unknown</u>	<input checked="" type="checkbox"/> <u>\$150.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>Simon Pearce glassware</b> Line from Schedule A/B: 6.46	<u>\$400.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>California painting</b> Line from Schedule A/B: 6.47	<u>\$300.00</u>	<input checked="" type="checkbox"/> <u>\$150.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>family room TV</b> Line from Schedule A/B: 6.48	<u>\$400.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>wooden jewelry box</b> Line from Schedule A/B: 6.49	<u>\$600.00</u>	<input checked="" type="checkbox"/> <u>\$300.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>2 computers</b> Line from Schedule A/B: 7.3	<u>\$400.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>2 cellphones</b> Line from Schedule A/B: 7.4	<u>\$600.00</u>	<input checked="" type="checkbox"/> <u>\$300.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>kindle</b> Line from Schedule A/B: 7.5	<u>Unknown</u>	<input checked="" type="checkbox"/> <u>\$37.50</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>fitbit</b> Line from Schedule A/B: 7.6	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$25.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)



Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>iPad</b> Line from Schedule A/B: 7.7	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>apple tv</b> Line from Schedule A/B: 7.8	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$25.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>dvd player</b> Line from Schedule A/B: 7.9	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$25.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>10 limoges boxes</b> Line from Schedule A/B: 8.1	<u>\$350.00</u>	<input checked="" type="checkbox"/> <u>\$175.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>penguin Herend figurine</b> Line from Schedule A/B: 8.2	<u>\$615.00</u>	<input checked="" type="checkbox"/> <u>\$307.50</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>7 Neil Drevitson paintings</b> Line from Schedule A/B: 8.3	<u>Unknown</u>	<input checked="" type="checkbox"/> <u>\$1,600.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>other Herend Figurines</b> Line from Schedule A/B: 8.6	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$250.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>Simon Pierce glass trees</b> Line from Schedule A/B: 8.7	<u>Unknown</u>	<input checked="" type="checkbox"/> <u>\$300.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>assorted women's clothes, shoes, accessories</b> Line from Schedule A/B: 11.2	<u>\$600.00</u>	<input checked="" type="checkbox"/> <u>\$600.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)
<b>Wedding Ring</b> Line from Schedule A/B: 12.1	<u>\$12,000.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(5)
<b>freshwater pearl necklace</b> Line from Schedule A/B: 12.6	<u>\$750.00</u>	<input checked="" type="checkbox"/> <u>\$750.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>silver chain necklace</b> Line from Schedule A/B: 12.7	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(5)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>cash</b> Line from Schedule A/B: 16.1	<u>\$9,700.00</u>	<input checked="" type="checkbox"/> <u>\$4,850.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>State Bank &amp; Trust</b> Line from Schedule A/B: 17.3	<u>\$113.39</u>	<input checked="" type="checkbox"/> <u>\$113.39</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>Fifth Third Bank</b> Line from Schedule A/B: 17.5	<u>\$604.82</u>	<input checked="" type="checkbox"/> <u>\$604.82</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>Georgia's Own Credit Union</b> Line from Schedule A/B: 17.6	<u>\$20.00</u>	<input checked="" type="checkbox"/> <u>\$20.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)
<b>Social Security Benefits</b> Line from Schedule A/B: 30.1	<u>Unknown</u>	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(2)(A)
<b>HSA BB&amp;T</b> Line from Schedule A/B: 31.2	<u>\$1,417.50</u>	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(2)( <del>X</del> )G

3. **Are you claiming a homestead exemption of more than \$160,375?**  
(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)
- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Fill in this information to identify your case:

Debtor 1 **Michael F. Antonelli**  
First Name Middle Name Last Name

Debtor 2 **Noreen A. Antonelli**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF GEORGIA, ATLANTA DIVISION**

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

Official Form 106D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

**2.1 PNC Bank, N.A.**  
Creditor's Name  
**Corporation Service Company**  
**40 Technology Pkwy S**  
**Ste 300**  
**Norcross, GA**  
**30092-2924**  
Number, Street, City, State & Zip Code

**Describe the property that secures the claim:**  
**3020 Lancaster Sq, Roswell, GA**  
**30076-1370**

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

**Nature of lien.** Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☐ Other (including a right to offset) \_\_\_\_\_

*Column A*

**Amount of claim**  
Do not deduct the value of collateral.

**\$199,000.00**

*Column B*

**Value of collateral that supports this claim**

**\$1,500,000.00**

*Column C*

**Unsecured portion If any**

**\$146,725.00**

Who owes the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**2.2 Wells Fargo**  
Creditor's Name  
**PO Box 10335**  
**Des Moines, IA**  
**50306-0335**  
Number, Street, City, State & Zip Code

**Describe the property that secures the claim:**  
**3020 Lancaster Sq, Roswell, GA**  
**30076-1370**

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

**Nature of lien.** Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☐ Other (including a right to offset) \_\_\_\_\_

**\$1,447,725.00**

**\$1,500,000.00**

**\$0.00**

Who owes the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Debtor 1 **Michael F. Antonelli**  
First Name Middle Name Last Name

Debtor 2 **Noreen A. Antonelli**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$1,646,725.00**

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

**\$1,646,725.00**

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

☐

Name, Number, Street, City, State & Zip Code

**Wells Fargo Bank, N.A.  
Corporation Service Company  
40 Technology Pkwy S Ste 300  
Norcross, GA 30092-2924**

On which line in Part 1 did you enter the creditor? **2.2**

Last 4 digits of account number \_\_\_\_\_

**Fill in this information to identify your case:**

Debtor 1 Michael F. Antonelli  
First Name Middle Name Last Name

Debtor 2 Noreen A. Antonelli  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA, ATLANTA DIVISION

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

**12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	<b>Internal Revenue Service</b> Priority Creditor's Name <b>Centralized Insolvency Operation</b> <b>PO Box 7346</b> <b>Philadelphia, PA 19101-7346</b> Number Street City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? <u>2015</u>	<u>\$137,474.29</u>	<u>\$0.00</u>
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____				

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

3. Do any creditors have nonpriority unsecured claims against you?

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1  
Debtor 2 Antonelli, Michael F. & Antonelli, Noreen A. Case number (if know) \_\_\_\_\_

<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.1</div> <p><b>American Express</b> Nonpriority Creditor's Name</p> <p><b>PO Box 9001108</b> <b>Louisville, KY 40290-1108</b> Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>2096</u> <span style="float: right;"><u>\$1,228.44</u></span></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.2</div> <p><b>American Express</b> Nonpriority Creditor's Name</p> <p><b>PO Box 9001108</b> <b>Louisville, KY 40290-1108</b> Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>4009</u> <span style="float: right;"><u>\$44,497.59</u></span></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.3</div> <p><b>Ariel Bouskila/ABF Servicing</b> Nonpriority Creditor's Name</p> <p><b>40 Exchange Pl</b> <b>New York, NY 10005-2701</b> Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ <span style="float: right;"><u>unknown</u></span></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>
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Debtor 1  
Debtor 2 **Antonelli, Michael F. & Antonelli, Noreen A.**

Case number (if known)

4.4

**Atlanta National LLC**

Nonpriority Creditor's Name

Last 4 digits of account number

**unknown**

**13510 Providence Lake Dr  
Milton, GA 30004-7501**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.5

**Bank of America Corporation**

Nonpriority Creditor's Name

**CT Corporation System**

**289 S Culver St**

**Lawrenceville, GA 30046-4805**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **5699**

**\$2,912.31**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **credit line**

4.6

**Bank of America Corporation**

Nonpriority Creditor's Name

**CT Corporation System**

**289 S Culver St**

**Lawrenceville, GA 30046-4805**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **9287**

**\$11,290.46**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **credit card**

Debtor 1  
Debtor 2

**Antonelli, Michael F. & Antonelli, Noreen A.**

Case number (if know)

<div>4.7</div> <div><b>BB&amp;T Insurance Services, Inc.</b></div> <div>Nonpriority Creditor's Name</div> <div><b>1887 Highway 20 SE Ste 200</b></div> <div><b>Conyers, GA 30013-2047</b></div> <div>Number Street City State Zip Code</div> <div>Who incurred the debt? Check one.</div> <div><input type="checkbox"/> Debtor 1 only</div> <div><input type="checkbox"/> Debtor 2 only</div> <div><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</div> <div><input type="checkbox"/> At least one of the debtors and another</div> <div><input type="checkbox"/> Check if this claim is for a community debt</div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred?</div> <div>As of the date you file, the claim is: Check all that apply</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Type of NONPRIORITY unsecured claim:</div> <div><input type="checkbox"/> Student loans</div> <div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div> <div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div> <div><input checked="" type="checkbox"/> Other. Specify</div>	<div>unknown</div>
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<div>4.8</div> <div><b>BellSouth</b></div> <div>Nonpriority Creditor's Name</div> <div><b>289 S Culver St</b></div> <div><b>Lawrenceville, GA 30046-4805</b></div> <div>Number Street City State Zip Code</div> <div>Who incurred the debt? Check one.</div> <div><input type="checkbox"/> Debtor 1 only</div> <div><input type="checkbox"/> Debtor 2 only</div> <div><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</div> <div><input type="checkbox"/> At least one of the debtors and another</div> <div><input type="checkbox"/> Check if this claim is for a community debt</div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred?</div> <div>As of the date you file, the claim is: Check all that apply</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Type of NONPRIORITY unsecured claim:</div> <div><input type="checkbox"/> Student loans</div> <div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div> <div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div> <div><input checked="" type="checkbox"/> Other. Specify</div>	<div>7714</div> <div>\$141.68</div>
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<div>4.9</div> <div><b>Branch Banking &amp; Trust Company</b></div> <div>Nonpriority Creditor's Name</div> <div><b>Reg. Agent: CT Corporation System</b></div> <div><b>289 S Culver St</b></div> <div><b>Lawrenceville, GA 30046-4805</b></div> <div>Number Street City State Zip Code</div> <div>Who incurred the debt? Check one.</div> <div><input type="checkbox"/> Debtor 1 only</div> <div><input type="checkbox"/> Debtor 2 only</div> <div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div> <div><input checked="" type="checkbox"/> At least one of the debtors and another</div> <div><input type="checkbox"/> Check if this claim is for a community debt</div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred?</div> <div>As of the date you file, the claim is: Check all that apply</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Type of NONPRIORITY unsecured claim:</div> <div><input type="checkbox"/> Student loans</div> <div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div> <div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div> <div><input checked="" type="checkbox"/> Other. Specify</div>	<div>7907</div> <div>\$273,239.88</div> <div>Note</div>
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Debtor 1  
Debtor 2 **Antonelli, Michael F. & Antonelli, Noreen A.**

Case number (if known)

4.10

**Charter Communications/  
Spectrum**

Nonpriority Creditor's Name

**Corporation Service Company  
40 Technology Pkwy S Ste 300  
Norcross, GA 30092-2924**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **9763**

**unknown**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.11

**CHASE**

Nonpriority Creditor's Name

**PO Box 15123  
Wilmington, DE 19850-5123**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **5882**

**\$28,238.17**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **credit card**

4.12

**CHASE**

Nonpriority Creditor's Name

**PO Box 15123  
Wilmington, DE 19850-5123**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **5808**

**\$13,340.42**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Debtor 1  
Debtor 2 **Antonelli, Michael F. & Antonelli, Noreen A.**

Case number (if known)

4.13

**Chatham Park Community Association, Inc.**

Nonpriority Creditor's Name

**c/o Heritage Property Management  
500 Sugar Mill Rd Bldg B  
Atlanta, GA 30350-2865**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **4989**

**\$750.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.14

**CIT Direct Capital**

Nonpriority Creditor's Name

**155 Commerce Way  
Portsmouth, NH 03801-3243**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**unknown**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.15

**Citi**

Nonpriority Creditor's Name

**PO Box 6077  
Sioux Falls, SD 57117-6077**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **0534**

**\$46,901.01**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Debtor 1  
Debtor 2 **Antonelli, Michael F. & Antonelli, Noreen A.**

Case number (if known)

4.16

**Citi**

Nonpriority Creditor's Name

Last 4 digits of account number **2623**

**\$16,578.96**

When was the debt incurred?

**PO Box 6077**

**Sioux Falls, SD 57117-6077**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.17

**City of Roswell, Georgia**

Nonpriority Creditor's Name

Last 4 digits of account number

**unknown**

When was the debt incurred?

**38 Hill St Ste 130**

**Roswell, GA 30075-4537**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.18

**David Antonelli**

Nonpriority Creditor's Name

Last 4 digits of account number

**\$160,000.00**

When was the debt incurred? **10/13/16**

**110 Horatio St Apt 517**

**New York, NY 10014-1579**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Debtor 1  
Debtor 2 **Antonelli, Michael F. & Antonelli, Noreen A.**

Case number (if know)

4.19

**Discover**

Nonpriority Creditor's Name

Last 4 digits of account number **1250**

**\$42,381.78**

**PO Box 71084**  
**Charlotte, NC 28272-1084**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

4.20

**Dr. W. Thomas Reed**

Nonpriority Creditor's Name

Last 4 digits of account number

**\$1,275.00**

**755 Mount Vernon Hwy NE Ste 500**  
**Atlanta, GA 30328-4280**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

4.21

**Emory/St. Josephs, Inc.**

Nonpriority Creditor's Name

**C/O Emory Healthcare, Inc.,**  
**WHSCAB,**  
**1440 Clifton Rd NE Rm 400**  
**Atlanta, GA 30322-1053**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **6260**

**\$1,965.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify



Debtor 1  
Debtor 2 **Antonelli, Michael F. & Antonelli, Noreen A.**

Case number (if know) \_\_\_\_\_

4.22	<b>Emory/St. Josephs, Inc.</b> Nonpriority Creditor's Name <b>C/O Emory Healthcare, Inc.,</b> <b>WHSCAB,</b> <b>1440 Clifton Rd NE Rm 400</b> <b>Atlanta, GA 30322-1053</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>6260</b> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>medical bills</b>	<b>\$6,966.00</b>
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4.23	<b>Extremity Healthcare</b> Nonpriority Creditor's Name <b>900 Circle 75 Pkwy SE Ste 900</b> <b>Atlanta, GA 30339-3084</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>3717</b> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	<b>\$676.78</b>
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4.24	<b>First Pro</b> Nonpriority Creditor's Name <b>1302 Fenner Ct</b> <b>Franklin, TN 37067-8537</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	<b>unknown</b>
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Debtor 1  
Debtor 2 **Antonelli, Michael F. & Antonelli, Noreen A.**

Case number (if known)

4.25

**Forward Financing**

Nonpriority Creditor's Name

Last 4 digits of account number

**unknown**

When was the debt incurred?

**36 Bromfield St Fl 2**

**Boston, MA 02108-5221**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.26

**Fox Capital**

Nonpriority Creditor's Name

Last 4 digits of account number

**unknown**

When was the debt incurred?

**140 Broadway Fl 46**

**New York, NY 10005-1155**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.27

**Fulton County Finance Dept.**

Nonpriority Creditor's Name

Last 4 digits of account number **0786**

**\$502.77**

When was the debt incurred?

**141 Pryor St SW Ste 7001**

**Atlanta, GA 30303-3468**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **water/sewer**

Debtor 1  
Debtor 2 **Antonelli, Michael F. & Antonelli, Noreen A.**

Case number (if known)

4.28

**Fulton County Tax Commissioner**

Nonpriority Creditor's Name

Last 4 digits of account number

**unknown**

**141 Pryor St SW  
Atlanta, GA 30303-3444**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.29

**Georgia Natural Gas Company**

Nonpriority Creditor's Name

Last 4 digits of account number

**2143**

**\$149.15**

**10 Peachtree PI NE  
Atlanta, GA 30309-4497**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.30

**Georgia Power**

Nonpriority Creditor's Name

Last 4 digits of account number

**1101**

**unknown**

**241 Ralph McGill Blvd NE #  
B-10180**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Debtor 1  
Debtor 2 **Antonelli, Michael F. & Antonelli, Noreen A.**

Case number (if know) \_\_\_\_\_

4.31

**Hoover Funding**

Nonpriority Creditor's Name

Last 4 digits of account number \_\_\_\_\_

**unknown**

**57 W 38th St Rm 402  
New York, NY 10018-1921**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify \_\_\_\_\_

4.32

**HOP Capital**

Nonpriority Creditor's Name

Last 4 digits of account number \_\_\_\_\_

**unknown**

**1022 Avenue M  
Brooklyn, NY 11230-4712**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify \_\_\_\_\_

4.33

**IPIPELINE**

Nonpriority Creditor's Name

Last 4 digits of account number \_\_\_\_\_

**unknown**

**222 Valley Creek Blvd Ste 300  
Exton, PA 19341-2385**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify \_\_\_\_\_

Debtor 1  
Debtor 2 **Antonelli, Michael F. & Antonelli, Noreen A.**

Case number (if known)

4.34

**JONES & KOLB**

Nonpriority Creditor's Name

Last 4 digits of account number **0476**

**\$2,105.00**

**3475 Piedmont Rd NE Ste 1500  
Atlanta, GA 30305-2913**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify \_\_\_\_\_

4.35

**JP Morgan Chase & Co.**

Nonpriority Creditor's Name

**CT Corporation System  
289 S Culver St**

**Lawrenceville, GA 30046-4805**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

**unknown**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify \_\_\_\_\_

4.36

**Kabbage, Inc. / Celtic Bank**

Nonpriority Creditor's Name

**National Registered Agents  
289 S Culver St**

**Lawrenceville, GA 30046-4805**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **5204**

**unknown**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify \_\_\_\_\_

Debtor 1  
Debtor 2 **Antonelli, Michael F. & Antonelli, Noreen A.**

Case number (if know) \_\_\_\_\_

4.37

**Kings Cash Group**

Nonpriority Creditor's Name

Last 4 digits of account number \_\_\_\_\_

**unknown**

When was the debt incurred? \_\_\_\_\_

**30 Broad St Ste 1201**

**New York, NY 10004-2902**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify \_\_\_\_\_

4.38

**Lendio Loan**

Nonpriority Creditor's Name

Last 4 digits of account number \_\_\_\_\_

**unknown**

When was the debt incurred? \_\_\_\_\_

**10235 S Jordan Gtwy Ste 410**

**South Jordan, UT 84095-4188**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify \_\_\_\_\_

4.39

**Lexus Financial Services**

Nonpriority Creditor's Name

Last 4 digits of account number \_\_\_\_\_

**unknown**

When was the debt incurred? \_\_\_\_\_

**PO Box 4102**

**Carol Stream, IL 60197-4102**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify \_\_\_\_\_



Debtor 1 Debtor 2		<b>Antonelli, Michael F. &amp; Antonelli, Noreen A.</b>		Case number (if know) _____	
<b>4.40</b>		<b>MCA Recovery LLC</b> Nonpriority Creditor's Name		Last 4 digits of account number _____ <b>\$0.00</b>	
		17 State St Ste 4000 New York, NY 10004-1508 Number Street City State Zip Code		When was the debt incurred? _____	
		Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
<b>4.41</b>		<b>Navient</b> Nonpriority Creditor's Name		Last 4 digits of account number <b>8235</b> <b>\$28,111.57</b>	
		PO Box 9533 Wilkes Barre, PA 18773-9533 Number Street City State Zip Code		When was the debt incurred? <b>2/23/05</b>	
		Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
<b>4.42</b>		<b>Neiman Marcus</b> Nonpriority Creditor's Name		Last 4 digits of account number <b>1436</b> <b>\$6,230.47</b>	
		PO Box 85619 Richmond, VA 23285-5619 Number Street City State Zip Code		When was the debt incurred? _____	
		Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	

Debtor 1  
Debtor 2 **Antonelli, Michael F. & Antonelli, Noreen A.**

Case number (if know) \_\_\_\_\_

4.43

**North DeKalb Electric, Inc.**

Nonpriority Creditor's Name

Last 4 digits of account number \_\_\_\_\_

**\$0.00**

**3810 Beya Way  
Atlanta, GA 30340-4525**

Number Street City State Zip Code

When was the debt incurred? \_\_\_\_\_

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify \_\_\_\_\_

4.44

**NORTHERN ARC EXECUTIVE SERVICES INC.**

Nonpriority Creditor's Name

**c/o Mohammad Hoque  
2655 Kingsbrooke Ln  
Duluth, GA 30097-7392**

Number Street City State Zip Code

Last 4 digits of account number \_\_\_\_\_

**unknown**

When was the debt incurred? \_\_\_\_\_

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify \_\_\_\_\_

4.45

**Northwest Exterminators**

Nonpriority Creditor's Name

**830 Kennesaw Ave NW  
Marietta, GA 30060-1006**

Number Street City State Zip Code

Last 4 digits of account number **8197**

**\$75.00**

When was the debt incurred? \_\_\_\_\_

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify \_\_\_\_\_

Debtor 1  
Debtor 2 **Antonelli, Michael F. & Antonelli, Noreen A.**

Case number (if known)

4.46

**Public Storage**

Nonpriority Creditor's Name

Last 4 digits of account number

unknown

**530 S Main St**

**Alpharetta, GA 30009-1920**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.47

**Reliable Fast Cash / Business Capital LL**

Nonpriority Creditor's Name

Last 4 digits of account number

unknown

**2 Rector St**

**New York, NY 10006-1819**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.48

**Robert Tommy Brigman**

Nonpriority Creditor's Name

Last 4 digits of account number

\$50,000.00

**571 Ledford Rd**

**Dillard, GA 30537-1759**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred?

10/27/16

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Debtor 1  
Debtor 2 **Antonelli, Michael F. & Antonelli, Noreen A.** Case number (if known) \_\_\_\_\_

4.49	<b>Saks 5th Avenue</b> Nonpriority Creditor's Name  <b>PO Box 5224</b> <b>Carol Stream, IL 60197-5224</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>2847</b> When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>credit card</b>	<b>\$580.98</b>
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4.50	<b>TVT Capital</b> Nonpriority Creditor's Name  <b>30 Wall St Ste 801</b> <b>New York, NY 10005-2201</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>unknown</b>
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4.51	<b>Unique Funding Solutions</b> Nonpriority Creditor's Name  <b>1672 E 22nd St Apt 5A</b> <b>Brooklyn, NY 11229-1544</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>unknown</b>
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Debtor 1  
Debtor 2 **Antonelli, Michael F. & Antonelli, Noreen A.**

Case number (if known)

4.52

**Vadim Barbarovich**

Last 4 digits of account number

**\$0.00**

Nonpriority Creditor's Name

**Marshall, City of New York  
1517 Voorhies Ave Ste 3R  
Brooklyn, NY 11235-3919**

When was the debt incurred?

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Contingent

☐ Debtor 2 only

☐ Unliquidated

☒ Debtor 1 and Debtor 2 only

☐ Disputed

☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

☒ Other. Specify

4.53

**VERIZON WIRELESS**

Last 4 digits of account number

**unknown**

Nonpriority Creditor's Name

**CT Corporation System  
289 S Culver St  
Lawrenceville, GA 30046-4805**

When was the debt incurred?

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Contingent

☐ Debtor 2 only

☐ Unliquidated

☒ Debtor 1 and Debtor 2 only

☐ Disputed

☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

☒ Other. Specify

4.54

**Wells Fargo**

Last 4 digits of account number **2329**

**\$5,100.00**

Nonpriority Creditor's Name

**PO Box 77053  
Minneapolis, MN 55480-7753**

When was the debt incurred?

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Contingent

☐ Debtor 2 only

☐ Unliquidated

☐ Debtor 1 and Debtor 2 only

☐ Disputed

☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

☒ Other. Specify **credit cards**

Debtor 1  
Debtor 2 **Antonelli, Michael F. & Antonelli, Noreen A.**

Case number (if known)

4.55

**Yale Club**

Nonpriority Creditor's Name

Last 4 digits of account number **1628**

**\$304.03**

When was the debt incurred?

**50 Vanderbilt Ave  
New York, NY 10017-3803**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

4.56

**Yellowstone Capital**

Nonpriority Creditor's Name

Last 4 digits of account number

**unknown**

When was the debt incurred?

**30 Broad St Fl 14  
New York, NY 10004-2906**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

4.57

**Zachter PLLC**

Nonpriority Creditor's Name

Last 4 digits of account number

**unknown**

When was the debt incurred?

**30 Wall St Fl 8  
New York, NY 10005-2205**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.



Debtor 1  
Debtor 2 **Antonelli, Michael F. & Antonelli, Noreen A.**

Case number (if known)

Name and Address

**Atlanta National Golf Club  
PO Box 580024  
Charlotte, NC 28258-0024**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**C2C Resources, LLC  
3500 N Causeway Blvd Ste 300  
Metairie, LA 70002-3502**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.24** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Cincinnati Insurance  
Bernie Kistler  
3740 Davinci Ct Ste 460  
Peachtree Corners, GA 30092-7614**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.7** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Citigroup, Inc.  
C T CORPORATION SYSTEM  
111 8th Ave  
New York, NY 10011-5201**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.15** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**0534**

Name and Address

**Citigroup, Inc.  
C T CORPORATION SYSTEM  
111 8th Ave  
New York, NY 10011-5201**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**2623**

Name and Address

**Emory/St. Josephs  
PO Box 660827  
Dallas, TX 75266-0827**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.21** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**6260**

Name and Address

**Fulton County Board of Tax  
Assessors  
235 Peachtree St NE Ste 1400  
Atlanta, GA 30303-1402**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.28** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Georgia Natural Gas  
PO Box 440667  
Kennesaw, GA 30160-9533**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.29** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**2143**

Name and Address

**JP Morgan Chase & Co.  
CT Corporation System  
289 S Culver St  
Lawrenceville, GA 30046-4805**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**5882**

Name and Address

**Wells Fargo Bank, N.A.  
Corporation Service Company  
40 Technology Pkwy S Ste 300  
Norcross, GA 30092-2924**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.54** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**2329**

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

Debtor 1  
Debtor 2 **Antonelli, Michael F. & Antonelli, Noreen A.**

Case number (if know) \_\_\_\_\_

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims  
from Part 1

6a. Domestic support obligations

6a. \$ 0.00

6b. Taxes and certain other debts you owe the government

6b. \$ 137,474.29

6c. Claims for death or personal injury while you were intoxicated

6c. \$ 0.00

6d. Other. Add all other priority unsecured claims. Write that amount here.

6d. \$ 0.00

6e. Total Priority. Add lines 6a through 6d.

6e. \$ 137,474.29

Total Claim

Total claims  
from Part 2

6f. Student loans

6f. \$ 0.00

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g. \$ 0.00

6h. Debts to pension or profit-sharing plans, and other similar debts

6h. \$ 0.00

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6i. \$ 745,542.45

6j. Total Nonpriority. Add lines 6f through 6i.

6j. \$ 745,542.45

Total Claim

Fill in this information to identify your case:

Debtor 1 Michael F. Antonelli  
First Name Middle Name Last Name

Debtor 2 Noreen A. Antonelli  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA, ATLANTA DIVISION

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	
2.2	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	
2.3	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	
2.4	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	
2.5	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	

Fill in this information to identify your case:

Debtor 1 **Michael F. Antonelli**  
First Name Middle Name Last Name

Debtor 2 **Noreen A. Antonelli**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF GEORGIA, ATLANTA DIVISION**

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

Official Form 106H  
Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☐ No  
☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.  
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor  
Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt  
Check all schedules that apply:

3.1 **AIM Systems, Inc.**  
**11675 Rainwater Dr Ste 200**  
**Alpharetta, GA 30009-8693**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.9**  
☐ Schedule G \_\_\_\_\_  
**Branch Banking & Trust Company**

3.2 **AIM Systems, Inc.**  
**11675 Rainwater Dr Ste 200**  
**Alpharetta, GA 30009-8693**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.14**  
☐ Schedule G \_\_\_\_\_  
**CIT Direct Capital**

3.3 **AIM Systems, Inc.**  
**11675 Rainwater Dr Ste 200**  
**Alpharetta, GA 30009-8693**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.24**  
☐ Schedule G \_\_\_\_\_  
**First Pro**

Debtor 1 **Antonelli, Michael F. & Antonelli, Noreen A.**

Case number (if known) \_\_\_\_\_

**Additional Page to List More Codebtors**

*Column 1: Your codebtor*

*Column 2: The creditor to whom you owe the debt*  
Check all schedules that apply:

3.4 **AIM Systems, Inc.**  
**11675 Rainwater Dr Ste 200**  
**Alpharetta, GA 30009-8693**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.25**  
☐ Schedule G \_\_\_\_\_  
**Forward Financing**

3.5 **AIM Systems, Inc.**  
**11675 Rainwater Dr Ste 200**  
**Alpharetta, GA 30009-8693**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.26**  
☐ Schedule G \_\_\_\_\_  
**Fox Capital**

3.6 **AIM Systems, Inc.**  
**11675 Rainwater Dr Ste 200**  
**Alpharetta, GA 30009-8693**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.31**  
☐ Schedule G \_\_\_\_\_  
**Hoover Funding**

3.7 **AIM Systems, Inc.**  
**11675 Rainwater Dr Ste 200**  
**Alpharetta, GA 30009-8693**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.32**  
☐ Schedule G \_\_\_\_\_  
**HOP Capital**

3.8 **AIM Systems, Inc.**  
**11675 Rainwater Dr Ste 200**  
**Alpharetta, GA 30009-8693**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.36**  
☐ Schedule G \_\_\_\_\_  
**Kabbage, Inc. / Celtic Bank**

3.9 **AIM Systems, Inc.**  
**11675 Rainwater Dr Ste 200**  
**Alpharetta, GA 30009-8693**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.38**  
☐ Schedule G \_\_\_\_\_  
**Lendio Loan**

3.10 **AIM Systems, Inc.**  
**11675 Rainwater Dr Ste 200**  
**Alpharetta, GA 30009-8693**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.39**  
☐ Schedule G \_\_\_\_\_  
**Lexus Financial Services**

Debtor 1 **Antonelli, Michael F. & Antonelli, Noreen A.**

Case number (if known) \_\_\_\_\_

**Additional Page to List More Codebtors**

*Column 1: Your codebtor*

*Column 2: The creditor to whom you owe the debt*

Check all schedules that apply:

3.11 **AIM Systems, Inc.**  
**11675 Rainwater Dr Ste 200**  
**Alpharetta, GA 30009-8693**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.46**  
☐ Schedule G \_\_\_\_\_  
**Public Storage**

3.12 **AIM Systems, Inc.**  
**11675 Rainwater Dr Ste 200**  
**Alpharetta, GA 30009-8693**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.47**  
☐ Schedule G \_\_\_\_\_  
**Reliable Fast Cash / Business Capital LL**

3.13 **AIM Systems, Inc.**  
**11675 Rainwater Dr Ste 200**  
**Alpharetta, GA 30009-8693**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.50**  
☐ Schedule G \_\_\_\_\_  
**TVT Capital**

3.14 **AIM Systems, Inc.**  
**11675 Rainwater Dr Ste 200**  
**Alpharetta, GA 30009-8693**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.51**  
☐ Schedule G \_\_\_\_\_  
**Unique Funding Solutions**

3.15 **AIM Systems, Inc.**  
**11675 Rainwater Dr Ste 200**  
**Alpharetta, GA 30009-8693**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.56**  
☐ Schedule G \_\_\_\_\_  
**Yellowstone Captial**



Fill in this information to identify your case:

Debtor 1 Michael F. Antonelli

Debtor 2 Noreen A. Antonelli  
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA, ATLANTA DIVISION

Case number (if known) \_\_\_\_\_

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

##### 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

How long employed there?

Debtor 1

☐ Employed

☒ Not employed

Debtor 2 or non-filing spouse

☐ Employed

☒ Not employed

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

For Debtor 1

For Debtor 2 or non-filing spouse

2. \$ 0.00 \$ 0.00

3. +\$ 0.00 +\$ 0.00

4. \$ 0.00 \$ 0.00

Debtor 1  
Debtor 2 **Antonelli, Michael F. & Antonelli, Noreen A.**

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 0.00	\$ 0.00
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ 0.00
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify:	5h. \$ 0.00	\$ 0.00
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ 0.00
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ 0.00	\$ 0.00
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 2,600.00	\$ 2,460.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify:	8h. \$ 0.00	\$ 0.00
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 2,600.00	\$ 2,460.00
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 2,600.00 + \$ 2,460.00 = \$ 5,060.00	
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		
	11. +\$ 0.00	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$ 5,060.00	Combined monthly income
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes. Explain: Expected decrease in Social Security		

Fill in this information to identify your case:

Debtor 1 Michael F. Antonelli

Debtor 2 Noreen A. Antonelli  
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA,  
ATLANTA DIVISION

Case number \_\_\_\_\_  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 9,791.37

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 250.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 544.00

Debtor 1  
Debtor 2 **Antonelli, Michael F. & Antonelli, Noreen A.**

Case number (if known) \_\_\_\_\_

<b>6. Utilities:</b>		
6a. Electricity, heat, natural gas	6a. \$	<b>394.00</b>
6b. Water, sewer, garbage collection	6b. \$	<b>245.00</b>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	<b>352.00</b>
6d. Other. Specify: _____	6d. \$	<b>0.00</b>
<b>7. Food and housekeeping supplies</b>	7. \$	<b>1,000.00</b>
<b>8. Childcare and children's education costs</b>	8. \$	<b>0.00</b>
<b>9. Clothing, laundry, and dry cleaning</b>	9. \$	<b>30.00</b>
<b>10. Personal care products and services</b>	10. \$	<b>60.00</b>
<b>11. Medical and dental expenses</b>	11. \$	<b>500.00</b>
<b>12. Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	<b>60.00</b>
<b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$	<b>0.00</b>
<b>14. Charitable contributions and religious donations</b>	14. \$	<b>0.00</b>
<b>15. Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	<b>0.00</b>
15b. Health insurance	15b. \$	<b>864.00</b>
15c. Vehicle insurance	15c. \$	<b>101.00</b>
15d. Other insurance. Specify: <b>LTC</b>	15d. \$	<b>433.00</b>
<b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$	<b>0.00</b>
<b>17. Installment or lease payments:</b>		
17a. Car payments for Vehicle 1	17a. \$	<b>0.00</b>
17b. Car payments for Vehicle 2	17b. \$	<b>0.00</b>
17c. Other. Specify: _____	17c. \$	<b>0.00</b>
17d. Other. Specify: _____	17d. \$	<b>0.00</b>
<b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$	<b>0.00</b>
<b>19. Other payments you make to support others who do not live with you.</b> Specify: _____	\$	<b>0.00</b>
<b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>		
20a. Mortgages on other property	20a. \$	<b>0.00</b>
20b. Real estate taxes	20b. \$	<b>0.00</b>
20c. Property, homeowner's, or renter's insurance	20c. \$	<b>0.00</b>
20d. Maintenance, repair, and upkeep expenses	20d. \$	<b>0.00</b>
20e. Homeowner's association or condominium dues	20e. \$	<b>0.00</b>
<b>21. Other:</b> Specify: _____	21. +\$	<b>0.00</b>
<b>22. Calculate your monthly expenses</b>		
22a. Add lines 4 through 21.	\$	<b>14,624.37</b>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$	<b>14,624.37</b>
<b>23. Calculate your monthly net income.</b>		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	<b>5,060.00</b>
23b. Copy your monthly expenses from line 22c above.	23b. -\$	<b>14,624.37</b>
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$	<b>-9,564.37</b>
<b>24. Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes. Explain here: <b>Will surrender home and decrease expenses.</b>		

Fill in this information to identify your case:

Debtor 1 **Michael F. Antonelli**  
First Name Middle Name Last Name

Debtor 2 **Noreen A. Antonelli**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF GEORGIA, ATLANTA DIVISION**

Case number  
(if known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets  
Value of what you own

1. **Schedule A/B: Property** (Official Form 106A/B)
- 1a. Copy line 55, Total real estate, from Schedule A/B..... \$ **1,500,000.00**
- 1b. Copy line 62, Total personal property, from Schedule A/B..... \$ **83,060.35**
- 1c. Copy line 63, Total of all property on Schedule A/B..... \$ **1,583,060.35**

Part 2: Summarize Your Liabilities

Your liabilities  
Amount you owe

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 106D)
- 2a. Copy the total you listed in Column A Amount of claim, at the bottom of the last page of Part 1 of Schedule D... \$ **1,646,725.00**
3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 106E/F)
- 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... \$ **137,474.29**
- 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... \$ **745,542.45**

Your total liabilities \$ **2,529,741.74**

Part 3: Summarize Your Income and Expenses

4. **Schedule I: Your Income** (Official Form 106I)
- Copy your combined monthly income from line 12 of Schedule I..... \$ **5,060.00**
5. **Schedule J: Your Expenses** (Official Form 106J)
- Copy your monthly expenses from line 22c of Schedule J..... \$ **14,624.37**

Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☒ **Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1  
Debtor 2 **Antonelli, Michael F. & Antonelli, Noreen A.**

Case number (if known)

8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ **10,916.66**

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

**From Part 4 on *Schedule E/F*, copy the following:**

**Total claim**

9a. Domestic support obligations (Copy line 6a.)	\$ <b>0.00</b>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <b>137,474.29</b>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <b>0.00</b>
9d. Student loans. (Copy line 6f.)	\$ <b>0.00</b>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <b>0.00</b>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <b>0.00</b>
<b>9g. Total.</b> Add lines 9a through 9f.	\$ <b>137,474.29</b>



Fill in this information to identify your case:

Debtor 1 Michael F. Antonelli  
First Name Middle Name Last Name

Debtor 2 Noreen A. Antonelli  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA, ATLANTA DIVISION

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Michael F. Antonelli  
Michael F. Antonelli  
Signature of Debtor 1

Date August 10, 2017

X /s/ Noreen Antonelli  
Noreen A. Antonelli  
Signature of Debtor 2

Date August 10, 2017

United States Bankruptcy Court  
Northern District of Georgia, Atlanta Division

IN RE:

Case No. \_\_\_\_\_

Antonelli, Michael F. & Antonelli, Noreen A.

Chapter 7

Debtor(s)

**DECLARATION UNDER PENALTY OF PERJURY CONCERNING PETITION, SCHEDULES,  
SUMMARY OF SCHEDULES, AND STATEMENT OF FINANCIAL AFFAIRS**

Each of the undersigned declares under penalty of perjury —

(1) My attorney is filing on my behalf

☒ the original of or ☐ the amendment to  
[check applicable box]

the following papers in the United States Bankruptcy Court for the Northern District of Georgia (check applicable box for papers that are to be filed simultaneously with this Declaration);

<input checked="" type="checkbox"/> * Petition	<input checked="" type="checkbox"/> Schedule F
<input checked="" type="checkbox"/> List of all Creditors	<input checked="" type="checkbox"/> Schedule G
<input type="checkbox"/> * List of 20 largest creditors	<input checked="" type="checkbox"/> Schedule H
<input checked="" type="checkbox"/> Schedule A	<input checked="" type="checkbox"/> Schedule I
<input checked="" type="checkbox"/> Schedule B	<input checked="" type="checkbox"/> Schedule J
<input checked="" type="checkbox"/> Schedule C	<input checked="" type="checkbox"/> * Declarations Concerning Debtor's Schedules
<input checked="" type="checkbox"/> Schedule D	<input checked="" type="checkbox"/> * Statement of Financial Affairs
<input checked="" type="checkbox"/> Schedule E	

(2) that I have read each of the documents described above;

(3) that with respect to each document described above marked with an asterisk, I signed the Declaration under penalty of perjury attached to or part of such document; and

(4) that when I signed this Declaration, the foregoing documents were not blank or partially complete; and

(5) that the information provided in the above documents is true and correct to the best of my knowledge, information and belief.

Dated: August 10, 2017

Signature:

/s/ Michael F. Antonelli

Type or Print Name:

Michael F. Antonelli

Signature:

/s/ Noreen Antonelli

Type or Print Name:

Noreen Antonelli

(If Joint Debtors, Both Must Sign)

Attorney's Certification

The undersigned attorney for the above Debtor(s) certifies to the Court that: (1) the Debtor(s) (or, if the Debtor is an entity, an authorized agent of the Debtor) will have signed this form and the documents referred to above before I file them; (2) no material change was made in the documents referred to above after the Debtor(s) (or authorized agent) read and signed the final paper copy of those documents, including Declarations attached to those documents and the foregoing Declaration; and (3) those documents are the documents filed with the court simultaneously with this Certification.

Dated: August 10, 2017

Type or Print Name:

/s/ John A. Christy

John A. Christy

Bar Number: 125518

☐ Check if this is an amended filing

## 12/15

Debtor 1  
Debtor 2 **Antonelli, Michael F. & Antonelli, Noreen A.**

Case number (if known)

Lessor's name:  
Description of leased  
Property:

☐ No  
☐ Yes

Lessor's name:  
Description of leased  
Property:

☐ No  
☐ Yes

Lessor's name:  
Description of leased  
Property:

☐ No  
☐ Yes

Lessor's name:  
Description of leased  
Property:

☐ No  
☐ Yes

Lessor's name:  
Description of leased  
Property:

☐ No  
☐ Yes

Lessor's name:  
Description of leased  
Property:

☐ No  
☐ Yes

Lessor's name:  
Description of leased  
Property:

☐ No  
☐ Yes

**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Michael F. Antonelli  
**Michael F. Antonelli**  
Signature of Debtor 1

X /s/ Noreen Antonelli  
**Noreen A. Antonelli**  
Signature of Debtor 2

Date August 10, 2017

Date August 10, 2017

Fill in this information to identify your case:

Debtor 1 Michael F. Antonelli

Debtor 2 Noreen A. Antonelli  
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Georgia, Atlanta Division

Case number \_\_\_\_\_  
(if known)

Check one box only as directed in this form and in Form 122A-1Supp:

- ☐ 1. There is no presumption of abuse
- ☒ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.
- ☐ Check if this is an amended filing

## Official Form 122A - 1 Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

### Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

☐ Not married. Fill out Column A, lines 2-11.

☒ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

☐ Married and your spouse is NOT filing with you. You and your spouse are:

☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.

☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 250.00	\$ 250.00
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm		
	Debtor 1	Debtor 2
Gross receipts (before all deductions)	\$ 8,083.33	\$ 2,333.33
Ordinary and necessary operating expenses	-\$ 0.00	-\$ 0.00
Net monthly income from a business, profession, or farm	\$ 8,083.33	\$ 2,333.33
	Copy here -> \$ 8,083.33	\$ 2,333.33
6. Net income from rental and other real property		
	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	
	Copy here -> \$ 0.00	\$ 0.00
7. Interest, dividends, and royalties	\$ 0.00	\$ 0.00

Debtor 1  
Debtor 2

**Antonelli, Michael F. & Antonelli, Noreen A.**

Case number (if known)

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
<b>8. Unemployment compensation</b>	\$ 0.00	\$ 0.00
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:		
For you	\$ 0.00	
For your spouse	\$ 0.00	
<b>9. Pension or retirement income.</b> Do not include any amount received that was a benefit under the Social Security Act.	\$ 0.00	\$ 0.00
<b>10. Income from all other sources not listed above.</b> Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.		
	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00
Total amounts from separate pages, if any:	+ \$ 0.00	\$ 0.00
<b>11. Calculate your total current monthly income.</b> Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ 8,333.33	\$ 2,583.33
	= \$ 10,916.66	
	Total current monthly income	

**Part 2: Determine Whether the Means Test Applies to You**

**12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11

Copy line 11 here=>

\$ 10,916.66

Multiply by 12 (the number of months in a year)

x 12

12b. The result is your annual income for this part of the form

12b. \$ 130,999.92

**13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

GA

Fill in the number of people in your household.

2

Fill in the median family income for your state and size of household.

13.

\$ 56,301.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**14. How do the lines compare?**

14a. ☐ Line 12b is less than or equal to line 13. On the top of page 1, check box *There is no presumption of abuse.* Go to Part 3.

14b. ☒ Line 12b is more than line 13. On the top of page 1, check box *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Michael F. Antonelli

Michael F. Antonelli

Signature of Debtor 1

Date August 10, 2017

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

X /s/ Noreen Antonelli

Noreen A. Antonelli

Signature of Debtor 2

Date August 10, 2017

MM / DD / YYYY



Fill in this information to identify your case:

Debtor 1 Michael F. Antonelli

Debtor 2 Noreen A. Antonelli  
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Georgia, Atlanta Division

Case number \_\_\_\_\_  
(if known)

Check the appropriate box as directed in lines 40 or 42:

According to the calculations required by this Statement:

- ☒ 1. There is no presumption of abuse.
- ☐ 2. There is a presumption of abuse.

☐ Check if this is an amended filing

**Official Form 122A - 2**  
**Chapter 7 Means Test Calculation**

04/16

To fill out this form, you will need your completed copy of *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

**Part 1: Determine Your Adjusted Income**

1. Copy your total current monthly income. \_\_\_\_\_ Copy line 11 from Official Form 122A-1 here=>..... \$ 10,916.66

2. Did you fill out Column B in Part 1 of Form 122A-1?

- ☐ No. Fill in \$0 for the total on line 3.
- ☒ Yes. Is your spouse Filing with you?
- ☐ No. Go to line 3.
- ☒ Yes. Fill in \$0 the total on line 3.

3. Adjust your current monthly income by subtracting any part of your spouse's income not used to pay for the household expenses of you or your dependents. Follow these steps:

On line 11, Column B of Form 122A-1, was any amount of the income you reported for your spouse NOT regularly used for the household expenses of you or your dependents?

- ☒ No. Fill in 0 for the total on line 3.
- ☐ Yes. Fill in the information below:

**State each purpose for which the income was used**

For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents.

**Fill in the amount you are subtracting from your spouse's income**

_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total.</b> _____	\$ <b>0.00</b>

Copy total here=>... - \$ 0.00

4. Adjust your current monthly income. Subtract line 3 from line 1.

\$ 10,916.66

Debtor 1  
Debtor 2

Antonelli, Michael F. & Antonelli, Noreen A.

Case number (if known)

**Part 2: Calculate Your Deductions from Your Income**

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the form refers to *you*, it means both you and your spouse if Column B of Form 122A-1 is filled in.

**5. The number of people used in determining your deductions from income**

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

**2 Living  
0 Housing**

**National Standards**

You must use the IRS National Standards to answer the questions in lines 6-7.

**6. Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. \$ **1,132.00**

**7. Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

**People who are under 65 years of age**

7a. Out-of-pocket health care allowance per person \$ **49**

7b. Number of people who are under 65 X **0**

7c. **Subtotal.** Multiply line 7a by line 7b. \$ **0.00** Copy here=> \$ **0.00**

**People who are 65 years of age or older**

7d. Out-of-pocket health care allowance per person \$ **117**

7e. Number of people who are 65 or older X **2**

7f. **Subtotal.** Multiply line 7d by line 7e. \$ **234.00** Copy here=> +\$ **234.00**

7g. **Total.** Add line 7c and line 7f \$ **234.00** Copy total here=> \$ **234.00**

Debtor 1 **Antonelli, Michael F. & Antonelli, Noreen A.**  
Debtor 2

Case number (if known)

**Local Standards** You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

☒ **Housing and utilities - Insurance and operating expenses**

☒ **Housing and utilities - Mortgage or rent expenses**

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities - Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ 601.00

9. **Housing and utilities - Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$ 1,453.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of the creditor	Average monthly payment
<b>PNC Bank, N.A.</b>	\$ <u>3,316.67</u>
<b>Wells Fargo</b>	\$ <u>24,128.75</u>

Total average monthly payment

\$ 27,445.42

Copy here=>

-\$ 27,445.42

Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this amount is less than \$0, enter \$0.

\$ 0.00

Copy here=>

\$ 0.00

10. **If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.** \$ 0.00

Explain why: \_\_\_\_\_

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

☐ 0. Go to line 14.

☒ 1. Go to line 12.

☐ 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. \$ 229.00

Debtor 1  
Debtor 2

**Antonelli, Michael F. & Antonelli, Noreen A.**

Case number (if known)

13. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

**Vehicle 1 Describe Vehicle 1:**

13a. Ownership or leasing costs using IRS Local Standard..... \$ **485.00**

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1	Average monthly payment
-NONE-	\$

Total Average Monthly Payment

\$ **0.00**

Copy here =>

-\$ **0.00**

Repeat this amount on line 33b.

13c. Net Vehicle 1 ownership or lease expense

Subtract line 13b from line 13a. If this amount is less than \$0, enter \$0.....

\$ **485.00**

Copy net Vehicle 1 expense here =>

\$ **485.00**

**Vehicle 2 Describe Vehicle 2:**

13d. Ownership or leasing costs using IRS Local Standard..... \$ **0.00**

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment
	\$

Total Average Monthly Payment

\$

Copy here =>

-\$ **0.00**

Repeat this amount on line 33c.

13f. Net Vehicle 2 ownership or lease expense

Subtract line 13e from line 13d. If this amount is less than \$0, enter \$0. ....

\$ **0.00**

Copy net Vehicle 2 expense here =>

\$ **0.00**

14. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public Transportation expense allowance regardless of whether you use public transportation.

\$ **0.00**

15. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for Public Transportation.

\$ **0.00**

Debtor 1  
Debtor 2

**Antonelli, Michael F. & Antonelli, Noreen A.**

Case number (if known)

**Other Necessary Expenses**

In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, Social Security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.  
Do not include real estate, sales, or use taxes. \$ 34.14
17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.  
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. \$ 0.00
18. **Life Insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. \$ 0.00
19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. \$ 0.00
20. **Education:** The total monthly amount that you pay for education that is either required:  
☐ as a condition for your job, or  
☐ for your physically or mentally challenged dependent child if no public education is available for similar services. \$ 0.00
21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  
Do not include payments for any elementary or secondary school education. \$ 0.00
22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  
Payments for health insurance or health savings accounts should be listed only in line 25. \$ 0.00
23. **Optional telephone and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  
Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. +\$ 0.00
24. **Add all of the expenses allowed under the IRS expense allowances.**  
Add lines 6 through 23. \$ 2,715.14

Debtor 1  
Debtor 2

Antonelli, Michael F. & Antonelli, Noreen A.

Case number (if known)

# Additional Expense Deductions

These are additional deductions allowed by the Means Test.

Note: Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance \$ 0.00  
Disability insurance \$ 0.00  
Health savings account + \$ 0.00

Total

\$ 0.00

Copy total here=>

\$ 0.00

Do you actually spend this total amount?

- ☐ No. How much do you actually spend?  
☒ Yes

\$

26. **Continued contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b).

\$ 0.00

27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.

\$ 0.00

By law, the court must keep the nature of these expenses confidential.

28. **Additional home energy costs.** Your home energy costs are included in your insurance and operating expenses on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs.

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

\$ 0.00

29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$160.42\* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

\* Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment.

\$ 0.00

30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

\$ 0.00

31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2).

+\$ 0.00

32. **Add all of the additional expense deductions.**

Add lines 25 through 31.

\$ 0.00



Case number (if known)

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

**Average monthly payment**

33d. List other secured debts:

Does payment include taxes or insurance?

☐ Yes

\$

\$

+\$

Copy  
total  
here=

total  
here=> \$ 27,445.42

☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Monthly cure amount

$$\text{\$} \quad \div 60 = \text{\$}$$

Copy  
total  
here=

total		
here=>	\$	0.00

**■ Yes.** Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims                      \$     **137,474.40** ÷ 60 = \$     **2,291.24**



Debtor 1  
Debtor 2

Antonelli, Michael F. & Antonelli, Noreen A.

Case number (if known)

**36. Are you eligible to file a case under Chapter 13?** 11 U.S.C. § 109(e).

For more information, go online using the link to *Bankruptcy Basics* specified in the separate instructions for this form. *Bankruptcy Basics* may also be available at the bankruptcy clerk's office.

- ☒ No. Go to line 37.  
☐ Yes. Fill in the following information.

Projected monthly plan payment if you were filing under Chapter 13

\$ \_\_\_\_\_

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

X

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense if you were filing under Chapter 13

\$ \_\_\_\_\_

Copy total  
here=> \$

\$ **29,736.66**

**37. Add all of the deductions for debt payment.**

Add lines 33e through 36.

**Total Deductions from Income**

**38. Add all of the allowed deductions.**

Copy line 24, All of the expenses allowed under IRS expense allowances

\$ **2,715.14**

Copy line 32, All of the additional expense deductions

\$ **0.00**

Copy line 37, All of the deductions for debt payment

+\$ **29,736.66**

Total deductions

\$ **32,451.80**

Copy total here.....=>

\$ **32,451.80**

**Part 3: Determine Whether There is a Presumption of Abuse**

**39. Calculate monthly disposable income for 60 months**

39a. Copy line 4, adjusted current monthly income

\$ **10,916.66**

39b. Copy line 38, Total deductions

- \$ **32,451.80**

39c. Monthly disposable income. 11 U.S.C. § 707(b)(2).  
Subtract line 39b from line 39a

\$ **0.00**

Copy  
here=>\$

**0.00**

For the next 60 months (5 years)

x 60

39d. Total. Multiply line 39c by 60

\$ **0.00**

Copy  
here=>

\$ **0.00**

**40. Find out whether there is a presumption of abuse.** Check the box that applies:

- ☒ **The line 39d is less than \$7,700\*.** On the top of page 1 of this form, check box 1, *There is no presumption of abuse.* Go to Part 5.  
☐ **The line 39d is more than \$12,850\*.** On the top of page 1 of this form, check box 2, *There is a presumption of abuse.* You may fill out Part 4 if you claim special circumstances. Go to Part 5.  
☐ **The line 39d is at least \$7,700\*, but not more than \$12,850\*.** Go to line 41.

\*Subject to adjustment on 4/01/19, and every 3 years after that for cases filed on or after the date of adjustment.

Case number (if known)

- 41a. \$             
x .25

\$ \_\_\_\_\_

**Copy**  
**here=>**

\$ \_\_\_\_\_

- Check the box that applies:

- #### Part 4: Give Details About Special Circumstances

- No. Go to Part 5.**

- ☐ Yes. Fill in the following information. All figures should reflect your average monthly expense or income adjustment for each item.  
You may include expenses you listed in line 25.

You must give a detailed explanation of the special circumstances that make the expenses or income adjustments necessary and reasonable. You must also give your case trustee documentation of your actual expenses or income adjustments.

**Give a detailed explanation of the special circumstances**

**Average monthly expense  
or income adjustment**

\$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

**Part 5: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

**X /s/ Michael F. Antonelli**

**Michael F. Antonelli**  
Signature of Debtor 1

Date August 10, 2017  
MM / DD / YYYY

**X /s/ Noreen Antonelli**

**Noreen A. Antonelli**  
Signature of Debtor 2

Date **August 10, 2017**  
MM / DD / YYYY

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court**  
**Northern District of Georgia, Atlanta Division**

In re Antonelli, Michael F. & Antonelli, Noreen A.

Debtor(s)

Case No.

Chapter

7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>7,000.00</u>
Prior to the filing of this statement I have received	\$	<u>7,000.00</u>
Balance Due	\$	<u>0.00</u>

2. The source of the compensation paid to me was:

☐ Debtor ☒ Other (specify): **David Antonelli**

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Adversary proceedings, contested matters, and Rule 2004 examinations shall be billed at normal hourly rates.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

August 10, 2017

Date

/s/ John A. Christy

John A. Christy

Signature of Attorney

Schreeder, Wheeler & Flint, LLP

1100 Peachtree St NE Ste 800

Atlanta, GA 30309-4516

jchristy@swflp.com

Name of law firm

United States Bankruptcy Court  
Northern District of Georgia, Atlanta Division

IN RE:

Case No. \_\_\_\_\_

Antonelli, Michael F. & Antonelli, Noreen A.

Chapter 7

Debtor(s)

**VERIFICATION OF CREDITOR MATRIX**

The above named debtor(s) hereby verify(ies) that the attached matrix listing creditors is true to the best of my(our) knowledge.

Date: August 10, 2017

Signature: /s/ Michael F. Antonelli  
Michael F. Antonelli

Debtor

Date: August 10, 2017

Signature: /s/ Noreen Antonelli  
Noreen Antonelli

Joint Debtor, if any

American Express  
PO Box 9001108  
Louisville, KY 40290-1108

Ariel Bouskila/ABF Servicing  
40 Exchange Pl  
New York, NY 10005-2701

Atlanta National Golf Club  
PO Box 580024  
Charlotte, NC 28258-0024

Atlanta National LLC  
13510 Providence Lake Dr  
Milton, GA 30004-7501

Bank of America Corporation  
CT Corporation System  
289 S Culver St  
Lawrenceville, GA 30046-4805

BB&T Insurance Services, Inc.  
1887 Highway 20 SE Ste 200  
Conyers, GA 30013-2047

BellSouth  
289 S Culver St  
Lawrenceville, GA 30046-4805

Branch Banking & Trust Company  
Reg. Agent: CT Corporation System  
289 S Culver St  
Lawrenceville, GA 30046-4805

C2C Resources, LLC  
3500 N Causeway Blvd Ste 300  
Metairie, LA 70002-3502

Charter Communications/ Spectrum  
Corporation Service Company  
40 Technology Pkwy S Ste 300  
Norcross, GA 30092-2924

CHASE  
PO Box 15123  
Wilmington, DE 19850-5123

Chatham Park Community Association, Inc.  
c/o Heritage Property Management  
500 Sugar Mill Rd Bldg B  
Atlanta, GA 30350-2865

Cincinnati Insurance  
Bernie Kistler  
3740 Davinci Ct Ste 460  
Peachtree Corners, GA 30092-7614

CIT Direct Capital  
155 Commerce Way  
Portsmouth, NH 03801-3243

Citi  
PO Box 6077  
Sioux Falls, SD 57117-6077

Citigroup, Inc.  
C T CORPORATION SYSTEM  
111 8th Ave  
New York, NY 10011-5201

City of Roswell, Georgia  
38 Hill St Ste 130  
Roswell, GA 30075-4537

David Antonelli  
110 Horatio St Apt 517  
New York, NY 10014-1579

Discover  
PO Box 71084  
Charlotte, NC 28272-1084

Dr. W. Thomas Reed  
755 Mount Vernon Hwy NE Ste 500  
Atlanta, GA 30328-4280



Emory/St. Josephs  
PO Box 660827  
Dallas, TX 75266-0827

Emory/St. Josephs, Inc.  
C/O Emory Healthcare, Inc., WHSCAB,  
1440 Clifton Rd NE Rm 400  
Atlanta, GA 30322-1053

Extremity Healthcare  
900 Circle 75 Pkwy SE Ste 900  
Atlanta, GA 30339-3084

First Pro  
1302 Fenner Ct  
Franklin, TN 37067-8537

Forward Financing  
36 Bromfield St Fl 2  
Boston, MA 02108-5221

Fox Capital  
140 Broadway Fl 46  
New York, NY 10005-1155

Fulton County Board of Tax Assessors  
235 Peachtree St NE Ste 1400  
Atlanta, GA 30303-1402

Fulton County Finance Dept.  
141 Pryor St SW Ste 7001  
Atlanta, GA 30303-3468

Fulton County Tax Commissioner  
141 Pryor St SW  
Atlanta, GA 30303-3444

Georgia Natural Gas  
PO Box 440667  
Kennesaw, GA 30160-9533

Georgia Natural Gas Company  
10 Peachtree Pl NE  
Atlanta, GA 30309-4497

Georgia Power  
241 Ralph McGill Blvd NE # B-10180  
Atlanta, GA 30308-3374

Hoover Funding  
57 W 38th St Rm 402  
New York, NY 10018-1921

HOP Capital  
1022 Avenue M  
Brooklyn, NY 11230-4712

Internal Revenue Service  
Centralized Insolvency Operation  
PO Box 7346  
Philadelphia, PA 19101-7346

IPIPELINE  
222 Valley Creek Blvd Ste 300  
Exton, PA 19341-2385

JONES & KOLB  
3475 Piedmont Rd NE Ste 1500  
Atlanta, GA 30305-2913

JP Morgan Chase & Co.  
CT Corporation System  
289 S Culver St  
Lawrenceville, GA 30046-4805

Kabbage, Inc. / Celtic Bank  
National Registered Agents  
289 S Culver St  
Lawrenceville, GA 30046-4805

Kings Cash Group  
30 Broad St Ste 1201  
New York, NY 10004-2902

Lendio Loan  
10235 S Jordan Gtwy Ste 410  
South Jordan, UT 84095-4188

Lexus Financial Services  
PO Box 4102  
Carol Stream, IL 60197-4102

MCA Recovery LLC  
17 State St Ste 4000  
New York, NY 10004-1508

Navient  
PO Box 9533  
Wilkes Barre, PA 18773-9533

Neiman Marcus  
PO Box 85619  
Richmond, VA 23285-5619

North DeKalb Electric, Inc.  
3810 Beya Way  
Atlanta, GA 30340-4525

NORTHERN ARC EXECUTIVE SERVICES INC.  
c/o Mohammad Hoque  
2655 Kingsbrooke Ln  
Duluth, GA 30097-7392

Northwest Exterminators  
830 Kennesaw Ave NW  
Marietta, GA 30060-1006

PNC Bank, N.A.  
Corporation Service Company  
40 Technology Pkwy S Ste 300  
Norcross, GA 30092-2924

Public Storage  
530 S Main St  
Alpharetta, GA 30009-1920

Reliable Fast Cash / Business Capital LL  
2 Rector St  
New York, NY 10006-1819

Robert Tommy Brigman  
571 Ledford Rd  
Dillard, GA 30537-1759

Saks 5th Avenue  
PO Box 5224  
Carol Stream, IL 60197-5224

TVT Capital  
30 Wall St Ste 801  
New York, NY 10005-2201

Unique Funding Solutions  
1672 E 22nd St Apt 5A  
Brooklyn, NY 11229-1544

Vadim Barbarovich  
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VERIZON WIRELESS  
CT Corporation System  
289 S Culver St  
Lawrenceville, GA 30046-4805

Wells Fargo  
PO Box 77053  
Minneapolis, MN 55480-7753

Wells Fargo  
PO Box 10335  
Des Moines, IA 50306-0335

Wells Fargo Bank, N.A.  
Corporation Service Company  
40 Technology Pkwy S Ste 300  
Norcross, GA 30092-2924

Yale Club  
50 Vanderbilt Ave  
New York, NY 10017-3803

Yellowstone Captial  
30 Broad St Fl 14  
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Zachter PLLC  
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